

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091785,607

APPLICANT(S)

FILING DATE
2/16/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		(
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17	1		1			
18	1		1			
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25	1		1			
26	1		1			
27		1		1		
28		1		1		
29	1		1			
30	1		1			
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	25	↔	25	↔		
TOTAL CLAIMS	30		30			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

BEST AVAILABLE COPY